HTE# <u>/4-5-347</u> 8	<u>83</u> 2 Ha	arnett County De	partment of Pu	blic Health	23495
PERMIT # <u>2821</u>	2	<u> </u>	eration Permit	/	
		I New Ins	tallation 🗹 Septic Tan	k 🛛 Nitrification Line	🗆 Repair 🗆 Expansion
Name: (owner) Roa	Do. Built	TAC SUB	RTY LOCATION: 37 DIVISION	Bollond RA	LOT # _ 24
Name: (owner) <u>Bra</u> System Installer: <u>57</u>	Ancel Brilde	40	Registration #		
Basement with plumbing: Garage Vumber of Bedrooms Type of Water Supply: Community Public Well Distance from well feet					
System Type: 2520 REDUCTION Stystree Type The 6 MZ uppers V and VI Systems expire in 5 years.					
(In accordance with Table V a) Owner must contact Realth Department 6 months prior to expiration for permit renewal.					
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.					
		25% Red Reparth ANGA SED The In- SED The In- SED THE SED THE SED THE SED THE SED THE SED S	1		
PERMIT CONDITIONS: I. Performance: Syste	em shall perform in accord	ance with Rule .1961.			
	required by Rule .1961. required by Rule .1961. Otl	er:			
Sups	surface system operator req	uired? Yes 🗖 No 🗖			
IV. Operation:	es, see attached sneet for a	dditional operation conditions, r	naintenance and reporting.		
V. Other:					
D-1	Box 🗆	Pump 🛛	Alarm 🗆	H20Line 🗆	PWR Line
Following are the specificatio	ons for the sewage disposal	system on the above captioned	property.		p Tank: gallons
Subsurface No.	of	exact length	width of	. a dep	oth of
Drainage Field ditch French Drain Required:		of each ditch <u>80</u> ar feet	feet ditches	feet dite	ches <u>29</u> inches
Authorized State Agent and EMArchielle Date 1-20-15					
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